# APPENDIX C

## Suggested Components of a School District Policy on the Management of Students with Life-Threatening Allergies (LTA)

It is recommended that school districts develop system-wide policies that outline the requirements of a program to manage students with life-threatening allergies. The following content should be included:

- Registration with the MDPH if the school nurse plans to train unlicensed personnel to administer epinephrine by auto-injector to students with diagnosed life-threatening allergic conditions, consistent with 105 CMR 210.000.
- Provision of education and training for school personnel on the management of students with life-threatening allergies.
- Development of a system-wide plan for addressing life threatening allergic reactions.
- Development of Individualized Health Care Plan (IHCP) and Allergy Action Plan (AAP) for every student with a life threatening allergy.
- Development of protocols to prevent exposure to allergens.
- Standing orders/protocols for licensed personnel (school nurses) to administer epinephrine to individuals with undiagnosed allergies.

## Suggested Elements to Consider in Developing School District Protocols on the Management of Life Threatening Allergies

**Training/education (general LTA education)**

Who is trained (e.g., teachers, aides, volunteers, substitutes, students, parents of students, food service personnel, custodial staff, transportation personnel). Assistance and information on training can be obtained through MA DPH School Health Unit.

What information
Frequency of training
Parent involvement in training
Responsibility for scheduling

**Student Education**

Food sharing
Personal hygiene (handwashing/brushing teeth)

**IHCP/AAP Development**

Process for development/review
Plan for team meeting
Membership of team
Frequency of reviewing IHCP
Parent involvement
Information to be included
Where AAP is posted
How information communicated for field trips, school bus personnel, after school activities, etc.

**Cafeteria protocols**

Process for identifying students with LTA
Allergen free tables
Personnel responsibilities (e.g., seating, cleaning)
Cleaning protocols (e.g., frequency, type of cleaning solution, etc.)

**Classroom protocols**

- Lunches/snacks/parties/classroom projects (guidelines for allowable foods)
- How are guidelines for allowable foods determined
- Allergen-free table if required
- Cleaning protocols (e.g., frequency, type of cleaning solution, etc.)
- Student hygiene practices
- Education of classmates
- Communication with parents of other children
  - What information communicated
  - Who is responsible for notifying parents
- Guidelines on presence of animals

**Custodial protocols**

- Cleaning protocols (e.g., frequency, type of cleaning solution, etc.)

**Field trip management**

- Planning process
  - Location of field trip safe for student
  - Location of nearest medical facility determined
- Guidelines for storage/administration of EpiPen®
- Plan for activating EMS and notifying parent
- Availability of AAP

**School bus management**

- Communication systems (e.g., cell phones)
- Driver training
- Student placement
- Availability/location of EpiPen®
- Food policy on bus

**Emergency response protocols**

- Personnel responsibilities
- Communication procedures
- Emergency drills

**Coordination with Emergency Services**

- Availability of EpiPens®

**EpiPens®**

- Who is trained
- Who conducts training
- Frequency of training (specified by MDPH )
- Content of training (determined by MDPH)
- Location of EpiPens®
- Location of list of trained personnel
- Policy on students carrying EpiPens®
- Standing orders/protocols for licensed personnel (school nurse) to administer epinephrine to individuals with undiagnosed allergies
- Mechanism to review expiration dates of EpiPens®

**Policies regarding students self-administration**

# SAMPLE ALLERGY ACTION PLAN ADAPTED FROM THE FOOD ALLERGY NETWORK

# APPENDIX G

ALLERGY TO: _____

Student's Name: _____

D.O.B.: _____ Teacher _____

Asthmatic Yes* ❑ No❑ *High risk for severe reaction

Place Child's Picture Here

**• SIGNS OF AN ALLERGIC REACTION •**

| Systems: | Symptoms: |
|---|---|
| • **MOUTH** | itching & swelling of the lips, tongue, or mouth. |
| • **THROAT*** | itching an/or a sense of tightness in the throat, hoarseness, and hacking cough. |
| • **SKIN** | hives, itchy rash, and/or swelling about the face or extremities. |
| • **GUT** | nausea, abdominal cramps, vomiting and/or diarrhea. |
| • **LUNG*** | shortness of breath, repetitive coughing, and/or wheezing. |
| • **HEART*** | "thready" pulse, "passing-out". |

**The severity of symptoms can quickly change.**
***All above symptoms can potentially progress to a life-threatening situation.**

1. **If ingestion is suspected and/or symptoms) are:**

_____,

give _____IMMEDIATELY!
medication/dose/route

Then call:

2. Rescue Squad (ask for advanced life support).

3. Parent/Guardian _____,
or emergency contacts.

4. Dr. _____ at _____

**DO NOT HESITATE TO CALL RESCUE SQUAD!**

Parent/Guardian's Signature _____ Date _____

School Nurse Signature _____ Date _____

School Nurse's Phone Number _____

Medication order from a licensed provider on file. ☐ YES

## RESPONSIBILITIES OF THE SCHOOL ADMINISTRATION (or delegate)

- ____ Include in the school's emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions. Modify the plan to meet special needs of individual students. Consider risk reduction for LTAs.
- ____ Support faculty, staff and parents in implementing all aspects of the LTA program.
- ____ Provide training and education for faculty and staff regarding:
  - ____ Foods, insect stings, medications, latex.
  - ____ Risk reduction procedures.
  - ____ Emergency procedures.
  - ____ How to administer an epinephrine auto-injector in an emergency.
- ____ Provide special training for food service personnel.
- ____ Provide emergency communication devices (two-way radio, intercom, walkie-talkie, cell phone) for all school activities, including transportation, that involve a student with life-threatening allergies.
- ____ A fulltime nurse should be available in every school with students with life-threatening allergies.
- ____ Inform parent/guardian if any student experiences an allergic reaction for the first time at school.
- ____ Make sure a contingency plan is in place in case of a substitute teacher, nurse or food service personnel.
- ____ Have a plan in place when there is no school nurse available.
- ____ Ensure that the student is placed in a classroom where the teacher is trained to administer an epi-pen, if needed.

*Each school district/school that plans to have the school nurse train unlicensed personnel to administer epinephrine by auto-injector to students with a life-threatening allergic condition must register with MA Department of Public Health, consistent with 105 CMR 210.000.*

## RESPONSIBILITIES OF THE SCHOOL NURSE

___ Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), meet with the student's parent/guardian and develop an Individual Health Care Plan (IHCP) for the student.

___ Assure that the AAP includes the student's name, photo, allergens, symptoms of allergic reactions, risk reduction procedures, emergency procedures, and required signatures.

___ Arrange and convene a team meeting (preferably before the opening of school) to develop the plan with all staff who come in contact with the student with allergies, including principal, school physician, teachers, specialists, food service personnel, aides, physical education teacher, custodian, bus driver, local EMS, etc.

___ Familiarize teachers with the IHCPs and AAPs of their students by the opening of school, or as soon as the plans are written. Other staff members who have contact with students with LTAs should be familiar with their IHCPs and Allergy Action Plans on a need-to-know basis.

___ After the team meeting remind the parent to review prevention plans, symptoms and emergency procedures with their child.

___ Provide information about students with life-threatening allergies and their photos (if consent given by parent) to all staff on a need-to-know basis (including bus drivers).

___ Conduct inservice training and education for appropriate staff regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector (refer to Appendix E).

___ Implement a periodic anaphylaxis drill similar to a fire drill as part of the periodic refresher course.

___ Educate new personnel as necessary.

___ Track inservice attendance of all involved parties to ensure that they have been trained.

___ Introduce yourself to the student and show him/her how to get to the nurse's office.

___ Post school district's emergency protocol and have available all IHCPs and AAPs in the nurse's office. Post location of epinephrine auto-injector.

___ Periodically check medications for expiration dates and arrange for them to be current.

___ Discuss with parents the possibility of keeping an epinephrine auto-injector in the classroom containing necessary instructions, and help to arrange if appropriate. This auto-injector can be taken on field trips.

___ Arrange periodic follow-up on semi-annual basis, or as often as necessary, to review effectiveness of the IHCP.

____ Make sure there is a contingency plan in place in the case of a substitute school nurse.

____ Meet with parents on a regular basis to discuss issues relating to plan implementation.

____ Communicate with local EMS about location of student and type of allergy. Assure the local EMS carry epinephrine and have permission to use it.

## RESPONSIBILITIES OF THE CLASSROOM TEACHER/SPECIALIST

___ Receive the AAP of any student(s) in your classroom with life-threatening allergies.

___ Request that the classroom has a functioning intercom, walkie-talkie or other communication device for communication with the school nurse.

___ Participate in a team meeting for the student with life-threatening allergies and in-service training regarding:

(1) Allergens that cause life-threatening allergies (such as foods, insect stings, medications, latex).

(2) Steps to take to prevent life-threatening reactions and accidental exposures to allergens.

(3) How to recognize symptoms of the student's life-threatening allergic reaction.

(4) Steps to manage an emergency.

(5) How to administer an epinephrine auto-injector.

___ Keep accessible the student's AAP with photo in classroom or keep with lesson plan.

___ Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards (see Appendix D).

___ Leave information in an organized, prominent and accessible format for substitute teachers.

___ Coordinate with parent on providing a lesson plan about food allergies for the class and discuss anaphylaxis in age appropriate terms, with student's permission.

___ Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with food allergies. Be aware of how the student with food allergies is being treated; enforce school rules about bullying and threats.

___ Work with the school nurse to educate other parents about the presence and needs of the child with life-threatening allergies in the classroom. Enlist their help in keeping certain foods out of the classroom (see Appendix D).

___ Inform parents of any school events where food will be served.

___ Participation with the planning for student's re-entry to school after a anaphylactic reaction.

___ Never question or hesitate to act if a student reports signs of an allergic reaction.

### A. SNACKS/ LUNCHTIME

___ In the classroom, establish procedures to ensure that the student with life-threatening food allergies eats only what s/he brings from home.

___ Prohibit students from sharing or trading snacks.

___ Encourage parents/guardians to send in a box of "safe" snacks for their child.

___ Have parents/guardians provide a non-perishable safe lunch in case their child forgets lunch one day.

___ For the student's safety, encourage the student to take advantage of an eating area in the classroom that is free of the food to which s/he is allergic.

___ Avoid cross-contamination of foods by wiping down eating surfaces with soap and water before and after eating. Tables should also be washed with soap and water in the morning if an after-school event has been held in the classroom the day before.

___ Reinforce hand-washing before and after eating.

## B. CLASSROOM ACTIVITIES

___ Avoid use of foods for classroom activities (e.g., arts and crafts, counting, science projects, parties, holidays and celebrations, cooking, or other projects).

___ Welcome parental involvement in organizing class parties and special events. Consider non-food treats.

___ Use stickers, pencils or other non-food items as rewards instead of food.

## C. FIELD TRIPS (refer to Appendix F).

Collaborating with the school nurse, prior to planning a field trip to:

___ Ensure epinephrine auto-injectors and instructions are taken on field trips.

___ Ensure that functioning two-way radio, walkie talkie, cell phone or other communication device is taken on field trip.

___ Review plans for field trips; avoid high risk places. Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.

___ Know where the closest medical facilities are located, 911 procedures and whether the ambulance carries epinephrine.

___ Invite parents of a student at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone. However, the student's safety or attendance must not be conditioned on the parent's presence.

___ One to two people on the field trip should be trained in recognizing symptoms of life-threatening allergic reactions, trained to use an epinephrine auto-injector, and trained in emergency procedures.

___ Consider ways to wash hands before and after eating (e.g. provision of hand wipes, etc.).

## RESPONSIBILITIES OF THE FOOD SERVICES MANAGER

- ____ Attend the team meeting with appropriate members at the time of the student's registration for entry into school.
- ____ Post the student's Allergy Action Plan with consent of parent(s).
- ____ Review the legal protections for a student with life threatening allergies.
- ____ Read all food labels and recheck routinely for potential food allergens.
- ____ Train all food service staff and their substitutes to read product food labels and recognize food allergens.
- ____ Maintain contact information for manufacturers of food products (Consumer Hotline).
- ____ Review and follow sound food handling practices to avoid cross contamination with potential food allergens.
- ____ Strictly follow cleaning and sanitation protocol to avoid cross-contamination.
- ____ Set up policies for the cafeteria regarding food allergic students.
- ____ Create specific areas that will be allergen safe.
- ____ Train monitors.
- ____ Enforce hand washing for all students.
- ____ Thoroughly clean all tables, chairs and floors after each meal.
- ____ After receiving a doctor's note, make appropriate substitutions or modifications for meals served to students with food allergies.
- ____ Plan ahead to have safe meals for field trips.
- ____ Avoid the use of latex gloves by food service personnel. Use non-latex gloves instead.
- ____ Provide advance copies of the menu to parents/guardian and notification if menu is changed.
- ____ Have at least two people in the eating area trained to administer epinephrine by auto-injector.
- ____ Have readily accessible epinephrine auto-injector.
- ____ Have a functioning intercom, walkie-talkie or other communication device to support emergencies.
- ____ Take all complaints seriously from any student with a life-threatening allergy.
- ____ Be prepared to take emergency action.

## RESPONSIBILITIES OF THE SCHOOL BUS COMPANY

____ Provide a representative from the bus company for Team meetings to discuss implementation of a student's IHCP.

____ Provide training for all school bus drivers on managing life-threatening allergies (provide own training or contract with school).

____ Provide functioning emergency communication device (e.g., cell phone, two-way radio, walkie-talkie or similar).

____ Know local Emergency Medical Services procedures.

____ Maintain policy of no food eating allowed on school buses.

## RESPONSIBILITIES OF COACHES AND OTHER ONSITE PERSONS IN CHARGE OF CONDUCTING AFTER SCHOOL ACTIVITIES

____ Participate in Team meetings to determine how to implement students Individual Health Care Plan.

____ Conduct that activities in accordance with all school policies and procedures regarding life threatening allergies.

____ With parent's consent, keep a copy of the Allergy Action Plan and photo of students with life threatening allergies.

____ Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.

____ One to two people should be present who have been trained to administer epinephrine auto-injector.

____ Maintain a current epinephrine auto-injector in the first aid kit.

____ Establish emergency medical procedures with EMS.

____ Clearly identify who is responsible for keeping the first aid kit.

____ If for safety reasons medical alert identification needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.

# EMERGENCY

## III. RESPONSE TO EMERGENCIES

Every school shall include in it's emergency response plan a written plan outlining emergency procedures for managing life threatening allergic reactions. This plan shall identify personnel who will:

- Remain with the student.
- Assess the emergency at hand.
- Activate the emergency response team (building specific, system-wide).
- Refer to the student's Allergy Action Plan.
- Notify school nurse.
- Notify the emergency medical services.
- Administer the epinephrine.
- Notify the parent/guardians.
- Notify school administration.
- Notify student's primary care provider and/or allergy specialist.
- Attend to student's classmates.
- Manage crowd control.
- Meet emergency medical responders at school entrance.
- Direct emergency medical responders to site.
- Accompany student to emergency care facility.
- Assist student's re-entry into school.

Practice drills should be conducted periodically as part of the district's emergency response plan.

## RETURNING TO SCHOOL AFTER A REACTION

Students who have experienced an allergic reaction at school need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the reaction, the student's age and whether their classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents and re-examining the IHCP.

**In the event that a student has a moderate to severe reaction, the following actions should be taken.**

- Obtain as much accurate information as possible about the allergic reaction.
- Identify those who were involved in the medical intervention and those who witnessed the event.
- Meet with the adults to discuss what was seen and dispel any rumors.
- Provide factual information. Although the school may want to discuss this with the parents, factual information that does not identify the individual student can be provided to the school community without parental permission (e.g., a letter from the principal to parents and teachers that doesn't name names but reassures them the crisis is over, if appropriate.)
- If an allergic reaction is thought to be from a food provided by the school food service, request assistance of the Food Service Director to ascertain what potential food item was served/consumed. Review food labels from Food Service Director and staff.
- Agree on a plan to disseminate factual information and review knowledge about food allergies to schoolmates who witnessed or were involved in the allergic reaction, after both the parents and the student consent.
- Explanations shall be age appropriate
- Review the AAP described in the IHCP, or if a student does not have an IHCP then consider initiating one.
- Amend the student's AAP and/or the emergency response plan to address any changes that need to be made.
- Review what changes need to be made to prevent another reaction; do not assign blame.

## SPECIAL CONSIDERATION FOR THE STUDENT

The student and parent(s) shall meet with the nurse/staff who were involved in the allergic reaction and be reassured about the student's safety, what happened and what changes will be made to prevent another reaction.

If a student demonstrates anxiety about returning to school, checking in with the student on a daily basis would be indicated until his/her anxiety is alleviated. If a child has a prolonged response to an anaphylactic event, strategies should be reviewed and clinical intervention may be recommended. Collaboration with the student's medical provider would be indicated to address any medication changes.

It is important to keep in mind that a student will continue to need to access help if another allergic reaction should occur; therefore, make sure a student feels comfortable enough to seek help if needed. You do not want a student to withhold information out of embarrassment or because of intimidation. Other students with food allergies in the school system may be in particular need of support.

## IN THE EVENT OF A FATAL ALLERGIC REACTION

In the rare but plausible event of a fatal reaction the school's crisis plan for dealing with the death of a student should be implemented. Adults with knowledge of food allergies should be on hand to answer questions that may come up about food allergies. Organizations such as Asthma and Allergy Foundation of America (AAFA) and Food Allergy and Anaphylaxis Network (FAAN) may be able to provide resources.

## Overview

Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and the increasing prevalence, school districts and individual schools need to be ready for the entry of students with food allergies.

### Food Allergy Prevalence

- Food allergies affect 8% of children under age three, 6%-8% of school-age children and 2.5% of adults.*
- Food allergy prevalence has increased 55% in the last five years.*
- 40%-50% of those persons with a diagnosed food allergy are judged to have a high risk of anaphylaxis* (a life-threatening allergic reaction). *Every food allergy reaction has the possibility of developing into a life-threatening and potentially fatal anaphylactic reaction. This can occur within minutes of exposure to the allergen.*
- Children may be allergic to more than one food.

*(Sampson, HA, "Food Allergy", from *Biology Toward Therapy, Hospital Practice,* 2000: May.)

### Characteristics of Food Allergy Reaction in Students

- Allergic reactions to foods vary among students and can range from mild to severe life-threatening anaphylactic reactions. Some students, who are very sensitive, may react to just touching or inhaling the allergen. For other students, consumption of as little as one five-thousandth of a teaspoon of an allergenic food can cause death.
- Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish and shellfish) account for 90% of total food allergies, although any food has the potential to cause an allergic reaction.
- Most, but not all childhood allergies to milk, egg, soy and wheat are outgrown by age 5.
- Peanut and tree nuts account for 92% of severe and fatal reactions, and along with fish and shellfish, are often considered to be lifelong allergies.

### Impact on the School

Every school district should expect at some point to have students with food allergies. Schools must be prepared to deal with food allergies and the potential for anaphylaxis.

- *Accidental* ingestion of the offending allergen occurs most often at school.
- A recent study from the journal, *Archives of Pediatrics and Adolescent Medicine*, states that 1 in 5 children with food allergies will have a reaction while in school.
- The student with an undiagnosed food allergy may experience his/her first food allergy reaction at school.
- When a physician assesses that a child's food allergy may result in anaphylaxis the child's condition meets the definition of "disability" and is covered under the Federal Americans with Disability Act (ADA), Section 504 of the Rehabilitation Act of 1973, and may be covered under Individuals with Disabilities Education Act (IDEA) if the allergy management affects the students ability to make educational progress.

## WHAT IS ANAPHYLAXIS?

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include one or more of the following:

- Hives
- Vomiting
- Itching (of any body part)
- Diarrhea
- Swelling (of any body part)
- Stomach cramps
- Red, watery eyes
- Change of voice
- Runny nose
- Coughing
- Difficulty swallowing
- Wheezing
- Difficulty breathing, shortness of breath
- Throat tightness or closing
- Sense of doom
- Itchy scratchy lips, tongue, mouth and/or throat
- Fainting or loss of consciousness
- Dizziness, change in mental status
- Flushed, pale skin, cyanotic (bluish) lips and mouth area

*When in doubt, it is better to give the Epipen© (epinephrine) and seek medical attention. Fatalities occur when epinephrine is withheld.*

The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock, which are potentially fatal. Common examples of potentially life-threatening allergies are those to foods and stinging insects. Life-threatening allergic reactions may also occur to medications or latex rubber and in association with exercise. Approximately 50 deaths per year are caused by insect sting anaphylaxis and 150-200 deaths per year from food anaphylaxis, mostly from peanut and tree nut allergies. (*The Food Allergy Network*, "Information About Anaphylaxis" website at foodallergy.org.)

Anaphylaxis can occur immediately or up to two hours following allergen exposure. In about a third of anaphylactic reactions, the initial symptoms are followed by a delayed wave of symptoms two to four hours later. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as a biphasic reaction. While the initial symptoms respond to epinephrine, the delayed biphasic response may not respond at all to epinephrine and may not be prevented by steroids. **Therefore, it is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved.** Students experiencing anaphylaxis should be observed in a hospital emergency department for a minimum of 4-6 hours after initial symptoms subside, to observe for a possible biphasic reaction. In the event a biphasic reaction occurs, intensive medical care could then be provided.

**When in doubt, it is better to give the Epipen© (epinephrine) and seek medical attention. Fatalities occur when epinephrine is withheld.**

For those students at risk for food-induced anaphylaxis, the most important aspect of the management in the school setting should be **prevention**. In the event of an anaphylactic reaction, epinephrine is the treatment of choice and should be given immediately. This shall require the training of unlicensed personnel, if nursing

staff cannot be available immediately. Studies show that fatalities are frequently associated with not using epinephrine or delaying the use of epinephrine treatment.

Children with severe food allergies have a higher rate of other allergic disease including asthma and eczema. Anaphylaxis is more common in children whose food reactions have had respiratory features such as difficulty breathing and throat tightness. Fatal anaphylaxis is more common in children with food allergies who are asthmatic, even if the asthma is mild and well controlled. Anaphylaxis appears to be much more probable in children who have already experienced an anaphylactic reaction. Anaphylaxis does not require the presence of any skin symptoms such as itching and hives.

*In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. This delayed appropriate treatment with epinephrine.*

In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. This delayed appropriate treatment with epinephrine.

## SUMMARY OF ANAPHYLAXIS

Every food allergy reaction has the potential of developing into a life-threatening event. Several factors may also increase the risk of a severe or fatal anaphylactic reaction: concomitant asthma; a previous history of anaphylaxis; peanut, tree nut, seed and/or shellfish allergies; and delay in the administration or failure to administer epinephrine. Food allergies are more prevalent in younger children.

The severity and explosive speed of food anaphylaxis emphasizes the need for an effective emergency plan that includes recognition of the symptoms of anaphylaxis, rapid administration of epinephrine and prompt transfer of the student by the emergency medical system to the closest hospital.

## CHILDREN WITH FOOD ALLERGIES AND THEIR FAMILIES

Raising a child with food allergies is challenging. Parents must ensure strict food avoidance, understand food labeling and be on a constant alert to implement an emergency medical plan at any moment. These are just some of the challenges parents of children with food allergies deal with every day. With time, support and education, parents become skilled and are well prepared to keep their children safe. Perhaps the greatest challenge parents face is finding the balance between what is safe and what is normal when meeting the needs of their children. The balance works well until it is time to share the care of that child with others. It is at this time that the balance often shifts and parents must work to reestablish it.

Parents of children with food allergies have crafted ways to keep their children safe in a world that is not food allergic friendly. As their children grow and their world expands, so do the demands for parents to readjust their own thinking and strategies for maintaining a normal but safe environment for their children. The threat to this balance is never greater than when a child begins school. What had worked so well in their own home is now being given to unfamiliar people, some knowledgeable about food allergies and supportive of parents, others not. Some

schools may have adequate infrastructure whereas others have little ability to deal with medical emergencies. Some schools are well staffed, while others have limited staffing with school environments containing the very foods that parents have worked so diligently to avoid.

Parents are faced with the reality that if their child has a severe food allergy the child is at greatest risk for a life threatening and potentially fatal allergic reaction at school. The only way to provide a safe and healthy learning environment for these children is for schools to partner with parents, tap into their knowledge and expertise and develop a comprehensive approach that will ensure the safety and health of each and every child with food allergies.

With this approach, schools can help parents and their children make the very necessary transition of moving from the safety of their home environment into the expanding world of a school. When done well, this is one of the greatest lessons a child can learn; they are safe in a world outside of their own home.

Schools can provide invaluable resources to children with food allergies and their families by helping children feel accepted within the school community. They can teach children to:

- keep themselves safe
- ask for help, how to trust others
- develop healthy and strong friendships
- acquire social skills
- accept more responsibility
- improve their self-esteem
- increase their self confidence.

*Adequate plans to handle severe allergic reaction can save the life of a child.*